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Michael Blaszak

Windsor Campus - Schulich School of Medicine and Dentistry, mblaszak2016@meds.uwo.ca

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Title:

Comparison of survival in pancreatic ductal adenocarcinoma patients treated with various modalities based on stage of disease: a single-centre study.

M. Blaszk BMSc¹, M. El-Masri PhD RN^{1,2}, K. Hirmiz MD^{1,3}, J. Matthews MD^{1,3}, A. Omar PhD², & A. Ghafoor MD^{1,3}

¹Schulich School of Medicine & Dentistry, Western University ²Faculty of Nursing, University of Windsor

³Windsor Regional Hospital Cancer Program

Authors:

- 1) ***PRESENTER*** Blaszk, Michael, BMSc. Schulich School of Medicine & Dentistry, Western University.
- 2) El-Masri, Maher, PhD, RN. Schulich School of Medicine & Dentistry, Western University; University of Windsor, Faculty of Nursing.
- 3) Hirmiz, Khalid, MD. Windsor Regional cancer Program, Windsor Ontario; Schulich School of Medicine & Dentistry, Western University.
- 4) Mathews, John, MD. Windsor Regional cancer Program, Windsor Ontario; Schulich School of Medicine & Dentistry, Western University.
- 5) Omar, Abeer, PhD. University of Windsor, Faculty of Nursing.
- 6) Ghafoor, Akmal, MD. Windsor Regional cancer Program, Windsor Ontario; Schulich School of Medicine & Dentistry, Western University.

Abstract (max 250 words)

This retrospective chart review examined overall survival (OS) of pancreatic ductal adenocarcinoma patients based on disease stage in a sample of 296 pancreatic cancer patients. Secondary endpoints included examining OS and disease free survival (DFS) in chemotherapy vs. supportive therapy groups, chemotherapy only groups, and adjuvant therapy vs. surgical excision alone groups.

Data were analyzed using Kaplan-Meier and multivariate cox-regression analyses based on a 95% CI or an alpha of 0.05.

OS was significant ($P < .001$) between groups with 3.63 (95% CI, 2.84-4.43), 6.57 (95% CI, 4.06-9.08), and 15.57 (95% CI, 11.79-19.35) months in the advanced, locally-advanced, and localized disease groups respectively. OS was higher in advanced-stage patients who received chemotherapy (6.07 months [95% CI, 4.75-7.39]) compared to those who received supportive therapy alone (2.50 months [95% CI, 2.16-2.84]; $P < .001$). Advanced-stage patients with partial or stable response to chemotherapy had higher OS (10.53 months [95% CI, 6.35-14.72]) in comparison to those with progression (6.33 months [95% CI, 5.79-6.88]) or undocumented response (3.30 months [95% CI, 1.76-4.84]; $P < .001$). In patients undergoing surgical resection of localized disease, adjuvant therapy increased OS and DFS vs. surgical

excision alone after Cox regression analysis adjusting for margin status ($P = 0.013$; 95% CI, 0.278-0.862). Positive margins reduced OS (HR 2.670; $P = 0.001$; 95% CI, 1.467-4.860).

This single institution analysis demonstrates OS significantly differed based on disease status at diagnosis. Advanced-stage patients with stable or partial response to chemotherapy had increased OS, as did adjuvant treatment surgical patients with localized disease once adjusting for margins.